



STUDENT HEALTH FORM

STUDENT'S FAMILY NAME	FIRST NAME	DATE OF BIRTH	SEX	GRADE
NAME OF PARENT 1/LEGAL GUARDIAN	NAME OF PARENT 2/LEGAL GUARDIAN			

MEDICAL HISTORY/CONCERNS

If any of the below information changes or your child develops a new illness/condition during their stay at ISB please notify the School Office, Eleanor Brinkmann-Mclean by way of an updated form.

Please check and give appropriate date if child has had any of the below illnesses or suffers from the following conditions:

Dates of past illnesses	x	Date
Chicken Pox		
Whooping cough		
German Measles (Rubella)		
Measles (Please provide proof)		
Mumps		
Rheumatic Fever		
Scarlet Fever		
Tuberculosis		
Pneumonia		
Poliomyelitis		
Frequent Colds		
Frequent Ear Infections		
Tonsillitis		
Other*		

*Additional Comments to the above

Does the student suffer from any of the following?	x	Date
Diabetes		
Epilepsy		
Heart Trouble		
Fainting		
Asthma		
Hearing Difficulty		
Vision - "-		
Speech -"-		
Colour Blindness		
Menstrual Pains		
Physical Impairment*		
Concentration Difficulty		
Operations*		
Serious Injuries		
Other*		

*Additional Comments to the above

Medical condition	Yes	No	Which:
Is the student on or taking medication?			
Is there any restriction on physical activity?			
Does the student have allergies/food allergies?			

Please turn over and complete the next page.

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IMMUNISATIONS. Please fill in the chart below and enclose your child's original vaccination record card /Impfausweis.

Immunisations	Date	Date	Date
Chicken Pox (Varicella)			
Diphtheria			
Whooping C.			
*Measles			
*Wt Measles vaccination: German law dictates that the <i>original</i> vaccination record card/Impfausweis must be shown to the Health Office			
Mumps			
Rubella			
Polio Inject.			
Polio Oral			
Typhoid Fever			
Hepatitis B			
Tetanus			
-"- Booster			
BCG			
HPV			
COVID-19			

This information is given voluntarily and underlies the physician's discretion. All health information you provide is stored confidentially. It will be shared only with appropriate persons (ie Health Care provider or physician or in the case of Boarding students with the Boarding house staff).

With their signature, parents/legal guardians confirm that the above information is true and correct.

Date

Signature of Parents/Legal Guardians